

Case Number:	CM15-0029589		
Date Assigned:	02/23/2015	Date of Injury:	10/12/2014
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 22 year old male, who sustained an industrial injury on October 12, 2014. He has reported lifting a large box when he felt a sharp pull in the left side of his back. The diagnoses have included lumbar disc displacement without myelopathy. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of constant, severe lumbar spine pain. The Primary Treating Physician's report dated January 12, 2015, noted the lumbar spine with +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L4-S1 and multifidus, with a straight leg raise positive on the left. The injured worker was noted to have completed ten out of twelve sessions of physical therapy, showing significant functional improvement. The injured worker was noted to be temporarily totally disabled. On January 28, 2015, Utilization Review non-certified additional physical medicine 6 visits over 2 weeks for lumbar, noting that according to the submitted medical records, the injured worker did not satisfy the guidelines for an additional six physical therapy sessions in addition to the original six sessions already approved. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 18, 2015, the injured worker submitted an application for IMR for review of additional physical medicine 6 visits over 2 weeks for lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Physical Medicine 6 Visits Over 2 Weeks for Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical medicine six sessions over two weeks lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar strain; and lumbar disc displacement without myelopathy. The date of injury was October 12, 2014. Documentation indicates the injured worker received six physical therapy sessions without resolution or improvement in symptoms. The treating physician requested an additional six physical medicine sessions over two weeks for the lumbar spine. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction no direction or negative direction prior to continuing with physical therapy. The injured worker has not progressed with physical therapy and, as a consequence, it would not be unreasonable to deny further physical therapy based on guideline recommendations. In the alternative, the injured worker is being treated for low back strain. The guidelines recommend a total of 10 visits over eight weeks for lumbar sprains and strains. The injured worker received six sessions to date. The maximum allowable sessions, according to the guidelines, is #10 sessions. The treating physician, however, is requesting an additional six (two physical therapy sessions over and above the allowable #10 sessions). Consequently, absent compelling clinical documentation to support additional physical therapy over and above guideline recommendations, additional physical medicine six sessions over two weeks lumbar spine is not medically necessary.